

The Native American
Women's Health Education
Resource Center

DIABETES
AND
PREGNANCY



Keep Yourself and
Your Baby Healthy!

There are different types of diabetes possible during pregnancy:

- You may have been diagnosed with *Type I (insulin-dependent)* or *Type II (noninsulin-dependent)* diabetes or *Impaired Glucose Tolerance* before you become pregnant.
- You may have developed *gestational diabetes* during the course of your pregnancy.

The way you should treat your condition during pregnancy depends on the type of diabetes you have. With any type of diabetes during pregnancy, make sure you get good prenatal care from a doctor. The right balance of healthy eating, exercise, and insulin (if needed) will help keep you and your baby healthy. Most women with diabetes have healthy babies; the key is to keep your blood sugar under control. If you can, plan your pregnancy, health care, and diet *before* you get pregnant. Use birth control if you aren't ready to be pregnant yet.



What is diabetes?

- Diabetes is a common condition that involves a problem with the way the body breaks down and uses starches and sugars.
- The hormone used to control sugar in the body is produced by the pancreas and is called *insulin*.
- When a person has diabetes, his/her body is not producing enough insulin, so the amount of sugar in the blood is sometimes too high and sometimes too low.

- *Type I (insulin-dependent) diabetes mellitus* accounts for about 10% of people with diabetes. It usually develops in childhood or early adulthood. With this type of diabetes, the body does not produce any insulin, so it is necessary to take insulin shots each day.
- *Type II (noninsulin-dependent) diabetes mellitus* accounts for 80-90% of people with diabetes. The pancreas produces insulin, but not as much as the body needs. Frequently people diagnosed with this type of diabetes are at least 40 years old and are overweight. Type II diabetes often disappears with weight loss. Extra body fat makes the insulin from the pancreas less effective and increases the need for insulin. Sometimes insulin and/or hypoglycemic pills (to increase the pancreas' production of insulin) are taken. A healthy diet of high fiber, complex carbohydrates, and low fat, in addition to exercise and weight control are recommended.
- *Impaired glucose tolerance (IGT)* is a borderline diabetes: the blood sugar level is between a normal and a diabetic level. There may be no symptoms of diabetes at this time, but a good diet and maintenance of a healthy weight are important for preventing the later development of full-blown diabetes.
- *Gestational diabetes mellitus* is a type of diabetes that appears in women who were never diabetic before, and it disappears after pregnancy. About 3% of women develop gestational diabetes. An oral glucose tolerance test is recommended for all pregnant women between the 24th and 28th week of pregnancy to determine whether or not the woman has gestational diabetes.

REMEMBER:

Never drink alcohol during your pregnancy! Alcohol can seriously harm your growing baby.

- On average, 6.3% of Native Americans 15 years old and over have been diagnosed with diabetes.¹ In some Southwest tribes, the rate of diagnosis for those 15 and over is as high as 34%² and among adults, 50% are reported to have diabetes--the highest diabetes prevalence in the world³. If you are Native American, you should test your blood sugar level before and during your pregnancy to find out whether or not you are diabetic.

Pregnancy and Type I or Type II Diabetes or Impaired Glucose Tolerance

- Make sure your blood sugar is under control both before and during pregnancy to prevent birth defects and other complications. Periodically check your blood sugar level.
- Good prenatal care is necessary. For the best care, you'll want an obstetrician who has experience with diabetics and high-risk pregnancies and a dietician who can help you plan meals. Make sure you go to all of your appointments!
- If you have Type I diabetes, pregnancy will affect your insulin needs. You will need more insulin, especially during the last 3 months of pregnancy.
- If you have Type II diabetes, you will not be able to take hypoglycemic pills, so your doctor can switch you to insulin.
- Discuss your diet with your healthcare provider to make sure the foods you eat will keep your growing baby healthy and your diabetes under control. Your weight gain goals will depend on how much you weighed at the beginning of pregnancy.

- Exercise will keep your blood sugar level under control, and is healthy for you and the baby. Walking, low-impact aerobics, and swimming are good exercises for pregnant women. If you have special health problems, exercise could be more risky, so check with your doctor.



Gestational Diabetes

- This type of diabetes is caused when hormones produced by the placenta make the mother's insulin less effective. (The placenta passes nutrition to the baby.) The mother will need much more insulin.
- Gestational diabetes does not cause the kinds of birth defects that are possible with Type I or Type II diabetes. But if you don't control your diabetes, your baby can be harmed. Your baby could grow to be extra large in the womb, and giving birth to a larger baby is more dangerous to you and to the baby. A cesarean section might be necessary. Other complications are also possible if you don't control your blood sugar.
- The problems associated with gestational diabetes are manageable and preventable. Treatment includes healthy eating and exercise. Exercise makes your body's natural insulin more effective, so it's easier to manage your blood sugar.
- You should consider checking your blood sugar every day, and you might need to take insulin. Discuss your needs with your doctor.

- Gestational diabetes generally disappears after the baby's birth. However, you have a 66% chance of developing gestational diabetes again if/when you have another pregnancy.
- Women who have had gestational diabetes are at a greater risk of developing Type II diabetes when they get older. You will improve your chances of preventing Type II diabetes if you continue to eat a healthy diet and get regular exercise for the rest of your life.

The Birth and Beyond

- Your labor could begin on its own, you might have labor induced in the hospital, or you might plan a cesarean section. Your doctor and nurses will monitor your blood sugar level during labor and delivery.
- Breastfeeding your baby is strongly recommended. This may be the easiest way to lose weight after the birth. Maintaining a healthy weight is important in preventing diabetes later on. Breastfeeding provides by far the best nutrition for your child, and provides some immunity from disease.



- If you have Type I or Type II diabetes, breastfeeding might make your blood sugar levels harder to predict. Take measurements of your blood sugar often in the time period after delivery. Eat a snack before or during nursing, and drink lots of fluids.
- A baby born to a parent with Type I diabetes is only slightly more likely to develop diabetes later in life.
- A healthy diet and exercise as well as careful monitoring of sugar levels during pregnancy are the best ways to help protect your child from later developing Type II diabetes if you have had gestational diabetes.
- Long-term healthy eating and exercise are also the best way to protect yourself from developing Type II diabetes later in life if you have had gestational diabetes.

REMEMBER:

- ➔ healthy eating
- ➔ exercise
- ➔ insulin if necessary
- ➔ pre-natal appointments



are the best way to protect yourself and your baby if you are pregnant and you have diabetes!

1 Centers for Disease Control and Prevention, *Diabetes in the United States: A Strategy for Prevention*. 1993, p. 9.

2 Ibid

3 American Indian Task Force for the Unity in Health, *American Indian Task Force Report on the Year 2000*. CA Dept. of Health Services: May 1992. p. 27.

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Web site of the Institute of Diabetes and
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